

DEDUCTIONS FROM PAY

FORCE NO _____ PAYROLL NO _____

SURNAME _____ FORENAME(S) _____

DATE OF BIRTH _____ DATE OF JOINING _____

HOME ADDRESS _____

POSTCODE _____

TELEPHONE _____ MOBILE _____

N.I. NUMBER _____ EMAIL ADDRESS _____

AREA COMMAND _____ STATION _____

I hereby authorise the Chief Constable to deduct the following
4 weekly amounts from my pay in respect of:-

FUND	£	Please tick
Federation Subscription	16.20	
Group Life/Accident	15.00	
Spouse Death Benefit	4.00	
Legal Expenses Insurance	2.00	
Group Healthcare Scheme	See Leaflet or ring 663491 for details	
Police Treatment Centres	3.68	
St George's Fund Police Trust	0.60	
Lillian Eve Memorial Trust Fund	2.00	

SIGNED _____ DATE _____

This information will be held on the database of Northumbria Police Federation solely for
the use of the Joint Branch Board

PLEASE RETURN THIS FORM TO THE FEDERATION OFFICE FOR
PROCESSING